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✓ p#11  
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DOCKET NO.: 9511-057-27 DIV

ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231

Re: Serial No.: 09/557,823  
Applicant(s): Richard J. BUCALA, et al.  
Filing Date: April 25, 2000  
For: INHIBITION OF MIGRATION INHIBITORY FACTOR IN THE  
TREATMENT OF DISEASES INVOLVING CYTOKINE-MEDIATED  
TOXICITY  
Group Art Unit: 1644  
Examiner: Patrick J. Nolan

SIR:

Attached hereto for filing are the following papers:

FEE TRANSMITTAL  
INFORMATION DISCLOSURE STATEMENT  
FORM PTO-1449  
CITED DOCUMENT (1)

Our check in the amount of \$ 180.00 is attached covering any required fees. In the event any variance exists between the amount enclosed and the Patent Office charges for filing the above-noted documents, including any fees required under 37 C.F.R. 1.136 for any necessary extension of time to make the filing of the attached documents timely, please charge or credit the difference to Deposit Account No. 50-1442. Further, if these papers are not considered timely filed, then a request is hereby made under 37 C.F.R. 1.136 for the necessary extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

PIPER RUDNICK LLP

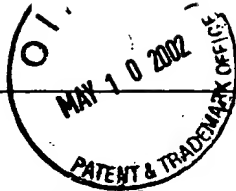
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# FEE TRANSMITTAL

<b>FEE TRANSMITTAL</b>		Docket No.	9511-057-27 DIV	
		Serial No.	09/557,823	
		Filing Date	April 25, 2000	
		Inventor(s)	Richard J. BUCALA, et al.	
		Group Art Unit	1644	
TOTAL AMOUNT OF PAYMENT		\$180.00	Examiner	Patrick J. Nolan

## FEE CALCULATION (continued)

1. ☒ Applicant claims small entity status.
- ☒ Charge any **UNDERPAYMENT** or credit any **OVERPAYMENT** in the indicated fees to Deposit Account No. 50-1442.
- ☐ Charge the indicated fees to Deposit Account No. 50-1442.

### 3. ADDITIONAL FEES

FEE CALCULATION						Large Entity		Small Entity		Fee Description		Fee Paid	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65										
1. BASIC FILING FEE													
127	50	227	25										
139	130	139	130										
147	2520	147	2520										
101	740	201	370										
106	330	206	165										
107	510	207	255										
108	740	208	370										
114	160	214	80										
SUBTOTAL (1)						\$0.00							
2. EXTRA CLAIM FEES													
tot. claims	3	-	20*	=	0	x	\$9	=	0				
ind. claims	1	-	3*	=	0	x	\$42	=	0				
<input type="checkbox"/> Multiple Dependent Claims						\$140	=						
143	460	243	230										
144	620	244	310										
122	130	122	130										
103	18	203	9										
102	84	202	42										
104	260	204	140										
109	84	209	42										
110	18	210	9										
SUBTOTAL (2)						\$0.00							
* or number previously paid, if greater; For Reissues, see above													
SUBTOTAL (3)						\$180.00							

Name	Steven B. Kelber	Registration No.	30,073
Signature	<i>Paul C. Kimball</i>	Date	5/10/02
Name	Paul C. Kimball	Telephone	202-861-3900
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